

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010166

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 4 1963

1. PLACE OF DEATH

a. COUNTY

Washington

b. CITY (If outside corporate limits, give TOWNSHIP, only)
OR TOWN
Irondale

Length of stay in 1b

2 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION
residence

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Washington

c. CITY OR TOWN

Irondale

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

none

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Rolla

Middle

nmn

Last

Summers

4. DATE OF DEATH

Month

Feb.

Day

25, 1963

Year

5. SEX

Male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-15-1882

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Timber

11. BIRTHPLACE (City and state or country)

Flat River, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Summers

13b. MOTHER'S MAIDEN NAME

Sally unknown

14. NAME OF HUSBAND OR WIFE

Kady Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes; no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

8

17. INFORMANT

Katy Summers

Address

Irondale, Missouri

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Virus Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

1 wk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Feb 23 1963 to Feb 25 1963

and last saw him alive on Feb 23 1963

Death occurred at

6 A.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-28-1963

23c. NAME OF CEMETERY OR CREMATORY

Pond Creek

23d. LOCATION (City, town, or county)

Rt. 1 Mineral Point, Missouri

24. FUNERAL DIRECTOR

Donald Sparks

ADDRESS

Potosi, Missouri

25. DATE REC'D. BY LOCAL REG.

2/28/63

26. REGISTRAR'S SIGNATURE

2/28/63

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1 1100

2 1100

3

4 0

5 1

6

7 0

8 0

9 492X

10

11

12 90-0

13 1-0

JUL 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ronald Sparks

Licensed Embalmer No. 4819

P. O. Address Potosi, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.